

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

U T — 0 0 - 012

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
September 15, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ -0-b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.19-B, Page 19a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

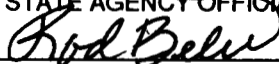
10. SUBJECT OF AMENDMENT:

Pharmacy Reimbursement

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: ..



13. TYPED NAME:

Rod L. Betit

14. TITLE:

Executive Director  
Department of Health

15. DATE SUBMITTED:

September 5, 2000

16. RETURN TO:

Rod L. Betit, Executive Director  
Department of Health  
Box 143102  
Salt Lake City, UT 84114-3102**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

October 26, 2000

18. DATE APPROVED:

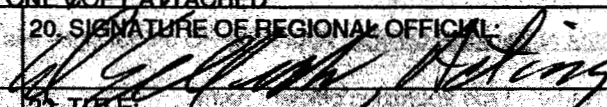
11/16/01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

9/15/00

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

~~David R. Long~~ David R. Selleck

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: October 16, 2000

Utah EAC

The Utah Estimated Acquisition Cost (EAC) is currently AWP-12%. This estimate has been established using information provided by a survey developed in cooperation with the Utah Pharmacy Association and key pharmacists.

Dispensing Fee

In setting the basic dispensing fee, the state will give consideration to costs shown on periodic operation surveys, in-house studies of dispensing costs, national and regional data, economic trends and conditions, and through negotiations with the pharmacy industry.

Special Category Fee

- A. Payment for insulin, birth control pills, and non-legend (OTC) drugs will be the lowest of:
1. Billed charge;
  2. EAC + special category fee C;
  3. Utah MAC + special category fee C; or
  4. AWP + special category fee not to exceed the maximum on the Federal upper limit list.
- B. Payment for non-legend OTC antacid liquids will be the lowest of:
1. Billed charge;
  2. EAC + special category fee F;
  3. Utah MAC + special category fee F; or
  4. AWP + special category fee not to exceed the maximum on the Federal upper limits list.

Special Category Fee

The special category fee is a negotiated fee initially developed in cooperation with the Utah Pharmaceutical Association and other key pharmacists to apply to specific drugs historically advertised and dispensed to the general public at minimal prices. This fee may be periodically changed to reflect changing forces.

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T.N. No. 00-012  
Supersedes  
T.N. No. 93-002

Approval Date 01/16/01

Effective Date 09/15/00